

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90092 024 ****61.25

DOCUMENT # N00000003155

1. Entity Name
**THE ORANGE COUNTY EAST ROTARY FOUNDATION,
INC.**



Principal Place of Business

~~617 E. COLONIAL DR.~~
~~ORLANDO, FL 32803~~
459 LAKE HOWELL RD
MAITLAND, FL 32751

Mailing Address

P.O. BOX 1566
WINTER PARK, FL 32790

40002903



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3647643 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

5. Name and Address of Current Registered Agent

HARVEY, PAUL
4306 ROANNE DRIVE
ORLANDO, FL 32807

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HARVEY, PAUL ROBERT 4309 ROANNE DRIVE ORLANDO, FL 32807 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENNING, MERVIN D 617 E. COLONIAL DR. 1100 S ORLANDO AVE #778 ORLANDO, FL 32807 MAITLAND, FL 32751 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARLSON, WILLIAM E 9955 LAKE GEORGIA DRIVE ORLANDO, FL 32817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOOD, THERESA E 510 PLEASANT GROVE WINTER SPRINGS, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAWARA, JOE 125 E WEBSTER AVE WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAX LARKIN 196 MICHAEL DR ORLANDO, FL 32792 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul R. Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07

Date

407-620-4602

Daytime Phone #